

Detroit Public Schools

Resource Coordinating Team LEVEL TWO: INTERVENTION ACTION PLAN

Name : _____ DOB: _____ Sex: _____

School: _____ Grade: _____ ID# _____

Referring Source: (Teacher, Staff, or Parent) _____

AREAS TARGETED FOR INTERVENTION/GOAL (in clear measurable terms):

PLAN SUMMARY: _____

Projected date of Re-assessment/Progress Update: _____

Responsibility for implementation - Parent, Teacher/RCT Member(s):

Title	Tasks Assigned

RECOMMENDED INTERVENTION STRATEGIES: This list is not all-inclusive, and serves to offer suggestions.

ACADEMIC

- | | |
|--|---|
| <input type="checkbox"/> Developmentally Appropriate Instruction | <input type="checkbox"/> Shortened Assignments |
| <input type="checkbox"/> Learning Style Correlation | <input type="checkbox"/> Adapting test/quizzes |
| <input type="checkbox"/> Technology Support | <input type="checkbox"/> Personalized Instruction |
| <input type="checkbox"/> Teaching to Strengths | <input type="checkbox"/> Multi-sensory approach |
| <input type="checkbox"/> Student portfolios | <input type="checkbox"/> Structured directions/feedback |
| <input type="checkbox"/> Alternative assessment strategies | <input type="checkbox"/> Cross-age peer or other tutoring |
| <input type="checkbox"/> Hands-on Activities/Manipulatives | <input type="checkbox"/> Remedial/accelerates programs |
| <input type="checkbox"/> Collaborative learning | <input type="checkbox"/> Parent contact/involvement |
| <input type="checkbox"/> Assignments on student's ability level | <input type="checkbox"/> Cooperative learning |
| <input type="checkbox"/> Team teaching | <input type="checkbox"/> Concept mapping |
| <input type="checkbox"/> Computer-based instruction | <input type="checkbox"/> Teacher aides/other helpers |
| <input type="checkbox"/> Alternative materials | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Organizational/planning strategies | |

BEHAVIORAL/SOCIO-EMOTIONAL

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Frequent praise | <input type="checkbox"/> Proximity control | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Classroom/class change | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Daily home/school report | <input type="checkbox"/> Study carrel | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Parent contact | <input type="checkbox"/> Mentoring | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Daily assignment sheet | <input type="checkbox"/> Self-cuing strategies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Contract/point system | <input type="checkbox"/> Modified schedule | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Time-out strategy | <input type="checkbox"/> Teacher change | <input type="checkbox"/> _____ |

Team Members Present:

(including parent/guardian)

_____	_____
_____	_____
_____	_____
_____	_____

Form 1168